

Food Establishment Inspection Report					Page 1 of <u>2</u>
Establishment Name: <u>Western NM Corp</u>		Physical Address: <u>2111660 Canyon</u>		City: <u>Grants</u>	State: <u>NM</u>
Permit #: <u>002160</u>		Permit Expiration Date: <u>Oct 2019</u>		Zip Code: <u>87020</u>	
Phone:		Email:		Est. Type: <u>E</u>	
As Governed by State Regulation 7.6.2 NMAC NMED Environmental Health Bureau 121 Tijeras Ave. NE, Albuquerque NM 87102			Purpose of Inspection: <input type="checkbox"/> Pre-Opening <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Complaint <input type="checkbox"/> Closing <input type="checkbox"/> Opening <input type="checkbox"/> Re-inspection <input type="checkbox"/> Investigation <input type="checkbox"/> CAR <input type="checkbox"/> Other <input type="checkbox"/> Initial Operational		
			Risk Category: Time In: <u>10:50</u> Time Out: <u>11:25</u>		

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable				Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Compliance Status				Compliance Status			
Supervision				Protection from Contamination			
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties	16	IN	OUT	Proper disposition of returned, previously served, reconditioned, & unsafe food
2	IN	OUT	Certified Food Protection Manager	17	IN	OUT	Food-contact surfaces; cleaned & sanitized
Employee Health				Time/Temperature Control for Safety			
3	IN	OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting	18	IN	OUT	Food separated & protected
4	IN	OUT	Proper use of restriction & exclusion	19	IN	OUT	Proper cooking time & temperatures
5	IN	OUT	Procedures for responding to vomiting and diarrheal events	20	IN	OUT	Proper reheating procedures for hot holding
Employees				21	IN	OUT	Proper cooling time & temperature
6	IN	OUT	Food Handler Cards	22	IN	OUT	Proper hot holding temperatures
Good Hygienic Practices				23	IN	OUT	Proper cold holding temperatures
7	IN	OUT	Proper eating, tasting, drinking, or tobacco use	24	IN	OUT	Proper date marking & disposition
8	IN	OUT	No discharge from eyes, nose, and mouth	25	IN	OUT	Time as a Public Health Control; procedures & records
Preventing Contamination by Hands				Consumer Advisory			
9	IN	OUT	Hands clean & properly washed	26	IN	OUT	Consumer advisory provided for raw/undercooked foods
10	IN	OUT	No bare hand contact with RTE foods or pre-approved alternative procedure properly followed	Highly Susceptible Populations			
11	IN	OUT	Adequate handwashing sinks; supplied & accessible	27	IN	OUT	Pasteurized foods used; prohibited foods not offered
Approved Source				Food/Color Additives and Toxic Substances			
12	IN	OUT	Food obtained from approved source	28	IN	OUT	Food additives: approved & properly used
13	IN	OUT	Food received at proper temperature	29	IN	OUT	Toxic substances properly identified, stored, & used
14	IN	OUT	Food in good condition, safe, & unadulterated	Conformance with Approved Procedures			
15	IN	OUT	Required records available: shellstock tags, parasite destruction	30	IN	OUT	Compliance with variance / specialized process / HACCP
Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.				No. of Risk Factors / Intervention Violations <u>0</u> No. of Repeat Risk Factors / Intervention Violations <u>0</u>			

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on site during inspection R=repeat violation			
Safe Food and Water			
31			Pasteurized eggs used where required
32			Water & ice from approved source
33			Variance obtained for specialized processing methods
Food Temperature Control			
34			Proper cooling methods used; adequate equipment for temperature control
35			Plant food properly cooked for hot holding
36			Approved thawing methods used
37			Thermometers provided & accurate
Food Identification			
38			Food properly labeled; original container
Prevention of Food Contamination			
39	X		Insects, rodents, & animals not present
40			Contamination prevented during food preparation, storage & display
41			Personal cleanliness
42			Wiping cloths: properly used & stored
43			Washing fruits & vegetables
Reinspection: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date: _____ Corrective Action Response: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date: _____			
Proper Use of Utensils			
44			In-use utensils: properly stored
45			Utensils, equipment & linens: properly stored, dried, & handled
46			Single-use/single-service articles: properly stored & used
47			Gloves used properly
Utensils, Equipment and Vending			
48			Food & non-food contact surfaces cleanable, properly designed, constructed, & used
49			Warewashing facilities: installed, maintained, & used; test strips
50			Non-food contact surfaces clean
Physical Facilities			
51			Hot & cold water available; adequate pressure
52			Plumbing installed; proper backflow devices
53			Sewage & waste water properly disposed
54			Toilet facilities: properly constructed, supplied, & cleaned
55			Garbage & refuse properly disposed; facilities maintained
56			Physical facilities installed, maintained, & clean
57			Adequate ventilation & lighting; designated areas used
No. of Good Retail Practices Violations <u>1</u> No. of Repeat Good Retail Practices Violations <u>0</u>			

Status: (check one)	Approved <input checked="" type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Immediate Closure <input type="checkbox"/>	Voluntary Closure <input type="checkbox"/>
----------------------------	--	---	--	--

Person in Charge: (Signature) <u>[Signature]</u>	Date: <u>1-23-19</u>
Inspector: (Signature) <u>[Signature]</u>	Date: <u>1/23/19</u>

Food Establishment Inspection Report

Page 2 of 2

**As Governed by State Regulation 7.6.2 NMAC
NMED Environment Health Bureau
121 Tijeras Ave NE, Albuquerque NM 87102**

Establishment Name:

Establishment Name: Western NM Correctional
Dining Room B

Permit #:

002160

TEMPERATURE OBSERVATIONS

[illegible]

OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected within the time frames below, or as stated in section 8-405.11 of the Food Code.

[illegible]

Person in Charge: (Printed) Arthur Sanchez

Person In Charge: (Signature)

Inspector: (Printed) Ramon Lopez

Inspector: (Signature)

Date: 1/23/19